

society, culture and health

an introduction to
sociology for nurses

Karen Willis and Shandell Elmer

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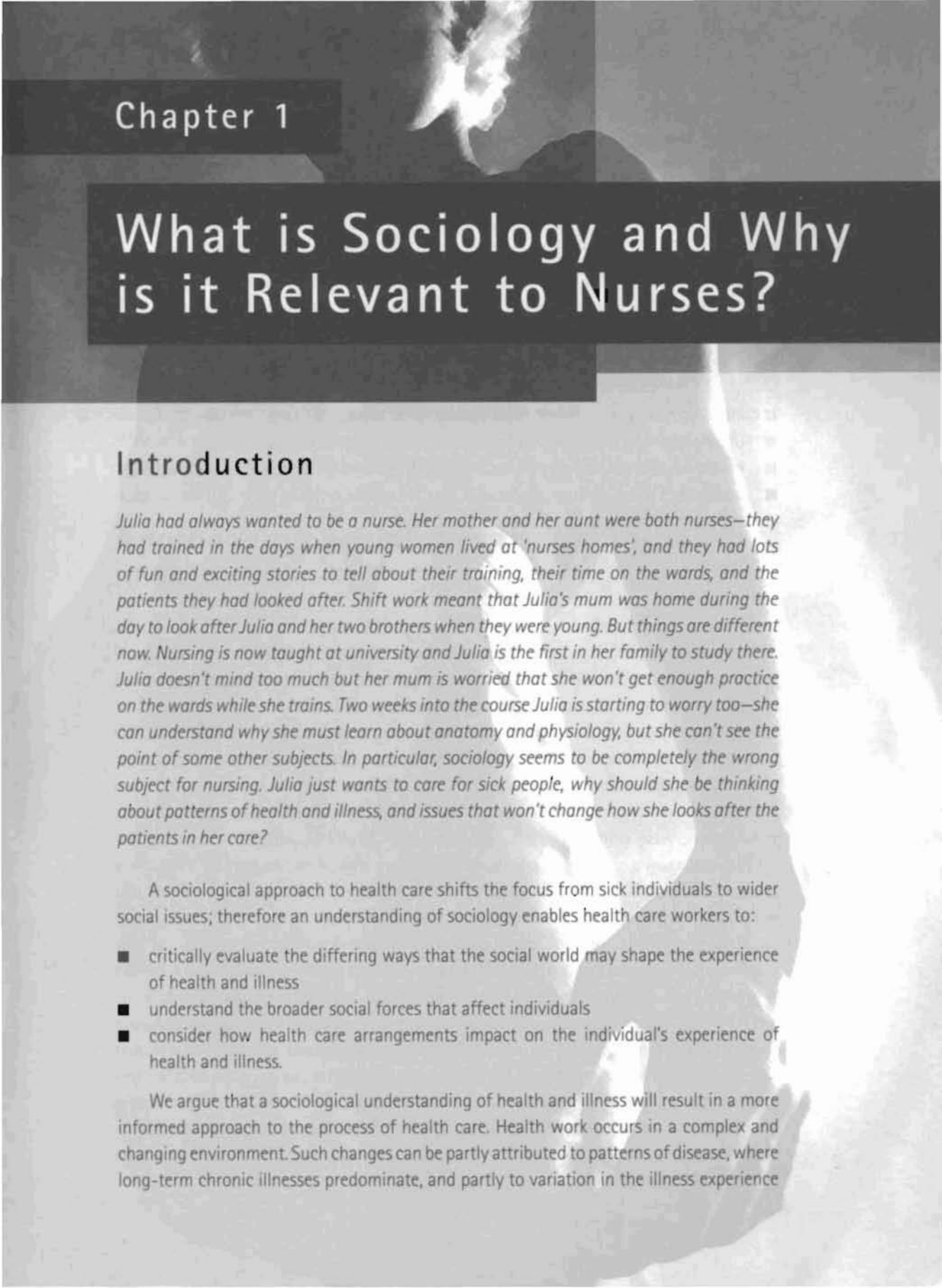
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Chapter 1

What is Sociology and Why is it Relevant to Nurses?

Introduction

Julia had always wanted to be a nurse. Her mother and her aunt were both nurses—they had trained in the days when young women lived at 'nurses homes', and they had lots of fun and exciting stories to tell about their training, their time on the wards, and the patients they had looked after. Shift work meant that Julia's mum was home during the day to look after Julia and her two brothers when they were young. But things are different now. Nursing is now taught at university and Julia is the first in her family to study there. Julia doesn't mind too much but her mum is worried that she won't get enough practice on the wards while she trains. Two weeks into the course Julia is starting to worry too—she can understand why she must learn about anatomy and physiology, but she can't see the point of some other subjects. In particular, sociology seems to be completely the wrong subject for nursing. Julia just wants to care for sick people, why should she be thinking about patterns of health and illness, and issues that won't change how she looks after the patients in her care?

A sociological approach to health care shifts the focus from sick individuals to wider social issues; therefore an understanding of sociology enables health care workers to:

- critically evaluate the differing ways that the social world may shape the experience of health and illness
- understand the broader social forces that affect individuals
- consider how health care arrangements impact on the individual's experience of health and illness.

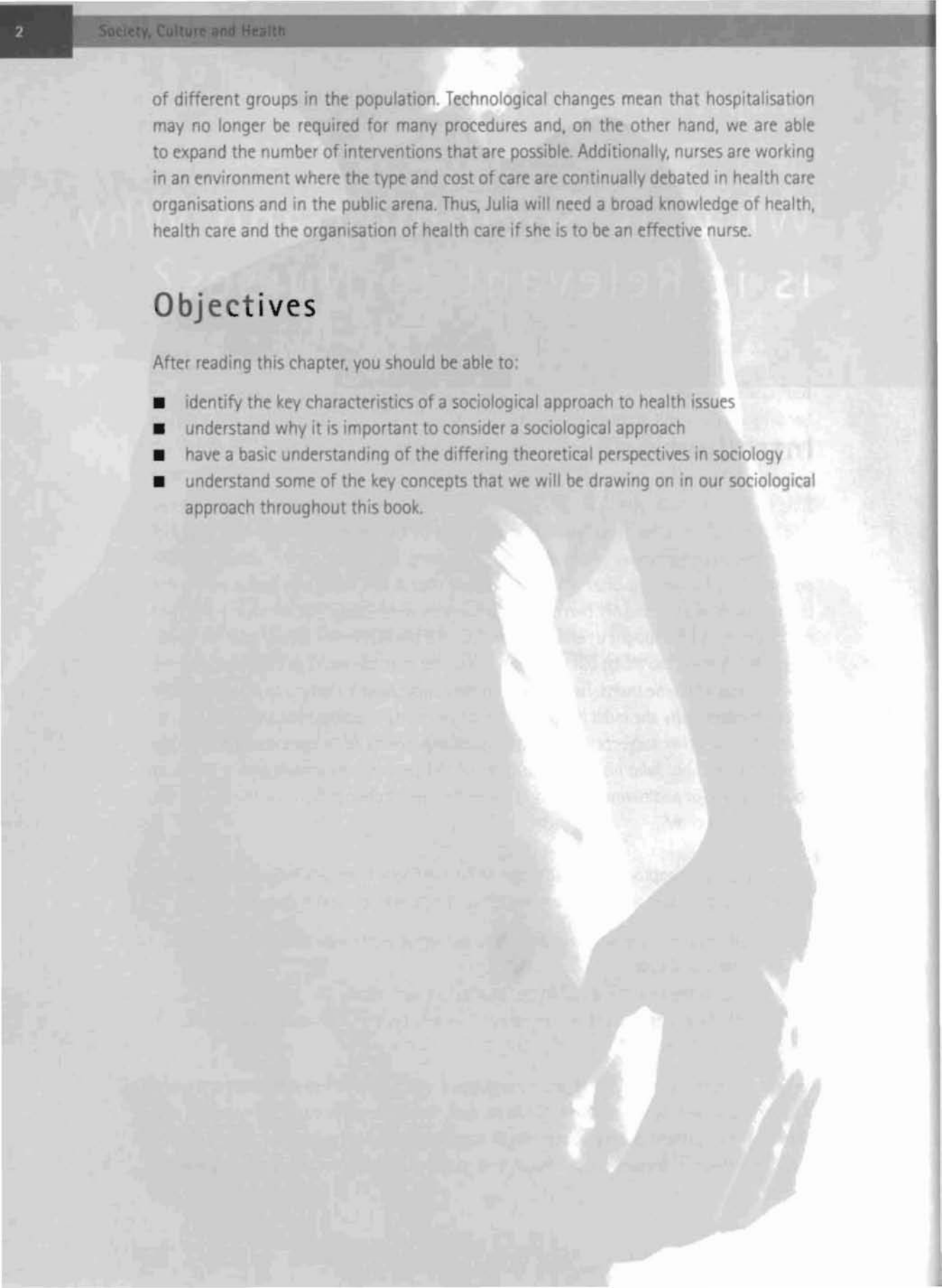
We argue that a sociological understanding of health and illness will result in a more informed approach to the process of health care. Health work occurs in a complex and changing environment. Such changes can be partly attributed to patterns of disease, where long-term chronic illnesses predominate, and partly to variation in the illness experience

of different groups in the population. Technological changes mean that hospitalisation may no longer be required for many procedures and, on the other hand, we are able to expand the number of interventions that are possible. Additionally, nurses are working in an environment where the type and cost of care are continually debated in health care organisations and in the public arena. Thus, Julia will need a broad knowledge of health, health care and the organisation of health care if she is to be an effective nurse.

Objectives

After reading this chapter, you should be able to:

- identify the key characteristics of a sociological approach to health issues
- understand why it is important to consider a sociological approach
- have a basic understanding of the differing theoretical perspectives in sociology
- understand some of the key concepts that we will be drawing on in our sociological approach throughout this book.



What is sociology?

Sociology is the study of society. Sociologists identify patterns of behaviour, meanings and beliefs in order to uncover the links between individual lives and social forces, thus revealing how such phenomena are the result of social arrangements at any one time. Importantly, sociology is concerned with the unequal distribution of power and seeks to uncover the effects of this on social life. Understanding social ideas, social structures and power relations enables exploration of how social life is not fixed and unchanging, but was different in the past, varies in different cultures and social settings, and will be different in the future. Williamson (1999: 269) claims that sociology is a reflective discipline that helps to interpret everyday experience and it assists to 'develop nurses who are capable of understanding, analysing and adapting to the social and organizational change which is a chronic feature of our professional lives'.

Approaching sociology: the sociological imagination

The work of C. Wright Mills (1959) points to the need to develop a 'sociological imagination' in order to analyse contemporary social issues. Mills claimed that the sociological imagination enables us to make links between what may seem to be individual issues and their connection with occurrences in society. Using the sociological imagination requires the capacity to look beyond our personal beliefs and experiences, and examine the ways that our personal perspective may be shaped by broader social forces. Thus the sociological imagination '... enables us to grasp history and biography and the relations between the two within society' (Mills, 1959: 6). The sociological imagination provides us with a way of thinking about health and illness issues by considering questions about the relationship of these issues to broader societal forces. This is important when we consider that much of health care provision, and many of the ideas we find in the broader society, focus attention on individuals with problems, rather than locating individuals in a social context that may also contribute to understanding, and solving, health care issues. Pivotal to developing a sociological imagination is the capacity to see the distinction between private troubles and public issues: what may appear to be private troubles, affecting only a few individuals, may in fact be public issues that are of concern to the wider society. While Mills used the example of unemployment to explain the difference, health is replete with examples that can help us to grasp the essence of a sociological imagination.

Consider, for example, the issue of eating disorders in young women (predominantly anorexia nervosa). When viewed as a private trouble, we focus our attention to the individual. Our primary question is: what is it about this young woman's personal psychological state that causes her to starve herself? The solution would be individually focused, as the problem is located in the individual. Therefore, solutions may be sought from the field of nutrition and from psychiatry. However, the statistics on eating disorders indicate that this affliction affects a large number of individuals at any one time in Western cultures, suggesting that this may be a public issue. When anorexia nervosa is seen as a public issue, the question becomes: why is it at this particular time in history and in our culture that young women are choosing to starve themselves? When we turn our attention from the individual to the broader social forces, we identify contributing factors such as gender and body image, the media, and industries that promote particular body shapes and sizes. While we still need to treat individuals who require care, our solutions, even at the individual level, would be better informed because we are locating the illness as a public issue, rather than seeing it as purely individual and psychological.

A sociological perspective requires us to consider the nature of the relationship between individuals and the broader society. In particular, sociologists are interested in the extent to which individuals influence society and society influences individuals. Our social structure develops from the patterns in society that endure over time (such as social class, gender, culture and age) and is an important determinant of life-chances. Social structure can constrain the behaviour of individuals—for example, people from the working class are unlikely to become the prime minister, and women, on average, earn less than men. These examples can be explained in terms of the constraining effects of social class and gender respectively. On the other hand, individuals are able to interpret and give meaning to their social situation in a way that challenges existing social arrangements or creates new ones. This is known as 'agency'. It is important to take account of the constraining effects of social structure as well as the voluntary nature of agency in order to examine social phenomena fully. Encapsulated within sociology as the 'structure–agency' debate, this represents a key challenge in thinking sociologically.



Question for reflection

Identify two health problems that are focused on individuals and their behaviour. How might we see them differently if we viewed these issues as a public issue, rather than as a private trouble?

Sociology and social theory

We can extend our understanding of the sociological approach by considering the importance that sociologists place on social theory in understanding health and illness issues. A theory is a set of ideas that can help to advance knowledge. A theoretical understanding enables us to explain what is happening now and to predict what may happen in the future. Thus, theories in any discipline provide a lens through which we understand the issues at hand. Theories are not static—they are developed and refined through the accumulation of additional knowledge, often through research studies that attempt to apply the theory in a ‘real world’ setting. We argue that a theoretical knowledge of sociology is useful in health practice settings. Our focus in this book, rather than engaging in debates about the value of one theory over another, is to bridge the gap between theory and practice by illustrating health issues using a range of social theories.

The following description of the recent history of sociology demonstrates the diversity of theories that have been used to understand social issues, particularly as they relate to health and illness, the organisation of health and medical care, and understanding the effects of power differences.

The links between society and health

The differing approaches to health and illness issues can be seen in some of the earliest sociological research and writings. In 1897, French sociologist Emile Durkheim (1858–1917) conducted a study of suicide. While it may be assumed that suicide is an intensely individual act, Durkheim argued that suicide can be understood better by understanding it socially. He found important predictive factors relating to how strongly individuals are integrated into their own society—findings that resonate with contemporary ideas about suicide. From these ideas, a branch of sociology developed theory focusing on how social order and consensus were integral to the smooth functioning of society. Called functionalism, this theoretical approach looked at the broad structures of society to develop ideas about social functioning.

At about the same time, and informed by changes in society brought about by the Industrial Revolution, Karl Marx (1818–83) and Frederick Engels (1820–95) developed a different approach to understanding society. They viewed society as characterised by conflict, not consensus. Engels (1845) charted the poor health conditions of the working classes that had moved into the large cities to work in factories and who suffered from the effects of poor sanitation and overcrowding, combined with unhealthy and unsafe working conditions. Both Marx and Engels focused attention on the ways that society is fundamentally unequal and on how

this inequality is evident in patterns of health and illness. The work of Marx and subsequent theorists was further developed in explorations of inequalities in health and illness, and this remains an integral focus in health sociology. Writers from this perspective argue that better health outcomes can only be achieved when the material conditions of disadvantaged groups are improved.

By exploring the links between profit and health care, conflict theorists argue that those in power have little interest in changing social relations to improve health for all. While the focus for many of these theorists is on inequality due to social class, feminist writers have drawn attention to gender inequality. The institution of medicine was also seen as an important contributor to an unequal society. Feminists exposed and critiqued the way that medicine plays an important 'social control' function, thus contributing to the perpetuation of inequalities between men and women.

The work of Max Weber (1864–1920) developed the ideas of Marx by broadening our understanding of inequality. He argued that inequality was not just about economics, but about beliefs, ideals and values. Weber pointed to the importance of understanding 'life chances', an integral component of which is status. He also pointed to the importance of group membership (called 'party'). Thus Weber argued that we needed to understand social inequality by focusing on class, status and party.

See Chapter 5



Questions for reflection

Which groups in society do you think are more susceptible to illness?
How can we use the theoretical approaches outlined above to begin to explain this?

Sociology in medicine and sociology of medicine

The functionalist view mentioned above was extended by the work of Talcott Parsons (1902–79), a sociologist from the USA. Functionalist research focused on the way in which clearly defined social roles and responsibilities contributed to a structured inequality in society that also serves to maintain consensus. This started a theoretical understanding of the ways in which professions in society have particular roles and status.

One of the most important (and most critiqued) contributions that Parsons made in terms of health was in the development of the 'sick role'. This view sees sickness as 'deviance', in that when people are sick, they are unable to undertake their normal responsibilities. Using the sick role as an explanatory theory helps to explain the mechanisms by which societies are able to allow

See Part 4



such deviance. It explains the conditions in society that govern when and under what circumstances we are legitimately allowed to withdraw from normal, social functioning. The sick role theory points to the roles and responsibilities of both patients and professionals in order to minimise the disruptive effects of illness on the smooth functioning of society. Ideas around the 'sick role' theory have resulted in a proliferation of sociological work on issues such as chronic illness, occupational health issues, patient behaviour (including non-compliance) and professions in health.

Writers in the USA continued their focus on sociology in medicine, with particular exploration of professions and professional roles. Renee Fox (1957) developed our theoretical understanding of medical and health knowledge by exploring the concept of 'medical uncertainty'. Other theorists have explored the apparent contradiction between the certainty promised by scientific knowledge and the uncertainty that is experienced in the day-to-day work of doctors and nurses. No two cases will be the same, which raises the question about how we can best educate health care workers for the uncertainties they will face, while at the same time, use a scientific model based on certainty as the cornerstone of their training.

Sociologists have also taken a critical approach to examining the processes by which medicine and medical knowledge have become the dominant form of healing in society today. For example, Elliot Friedson (1970) argued that medicine's position of power in health care was established prior to its use of scientific medicine. In Australia, Evan Willis' (1989) analysis of health care and health care organisations, termed 'medical dominance', examined the ways medicine achieved authority in health care, and other occupations were marginalised as part of this process. This critical exploration of the power of professions in health will be the focus of Part 4 of this book.

Weber also contributed to sociological theory through his work on professions. He was interested in the ways that different occupations are able to influence the work of others and claim occupational territory of their own. Importantly for our understanding of the contemporary health care organisations that Julia will be working in, Weber (1964) developed our understanding of bureaucracy. While, on the one hand, we need to have rules and procedures in large organisations, Weber also argued that this approach could become an 'iron cage', thus stifling individual creativity in solving problems.



See Part 4



Questions for reflection

Think about your own encounters with health care professionals. What are the defining features of these encounters? Do they vary according to the health care setting?

The experience of illness

Sociological theory has also contributed to our understanding of how individuals understand and experience illness by examining social interaction as it takes place between two or more people. In contrast to structural theories that take a macroperspective by viewing 'society as a whole' and the influence of broad social forces, symbolic interactionism takes a microperspective by focusing attention on the construction of meaning through interaction with others. This approach argues that individuals interpret the world around them, rather than the world being fixed and/or predetermined; that our sense of self (or identity) is produced through interaction with others; and that, through using language or other symbols, we attach meaning to the actions of others. For example, Becker (1963) argued that deviance is a culturally and historically specific condition that depends on certain behaviours being labelled as deviant—thus a deviant act only exists because it is defined as such. In the case of health and illness, a symbolic interactionist approach examines how we interact within the health care system, how we come to define certain conditions as illness, and how these meanings shape our response to specific illnesses. Symbolic interactionism has been important in informing ideas about mental illness because this approach 'focuses on the importance of *power* relations in the *construction* and management of health and illness' (Bilton et al., 1996: 417–18).

The work of Erving Goffman is also important in understanding the experience of illness in contemporary societies. His work on stigma identifies the processes through which some individuals, groups or particular illnesses may be stigmatised (Goffman, 1963). For Goffman, stigma results in a 'spoiled identity'. His work is usefully applied to enhance our understanding of the experience of mental illness, disability and sexually transmitted infections. Similarly, the concept of 'labelling', where one's behaviour is seen in terms of a medical or deviant label, rather than individual attributes, also assists in understanding the experience of, and response to, health and illness issues. Goffman also pointed to the way in which much health and nursing care is comprised of rituals and performances. Important in understanding the experience of being nursed is his idea of 'front stage' and 'back stage' performance. Front stage performances are those situations where people know they are on show and thus they may present themselves in particular socially acceptable ways. However, much nursing work also comprises 'back stage' work where nurses have to assist people with bodily functions and it is difficult, if not impossible, to present these in a socially acceptable manner.

Sociological work on chronic illness has also used the symbolic interaction approach. This work has enabled us to deepen our understanding of how a diagnosis of chronic illness affects our sense of self and thus, the decisions, values



and attitudes that may shape our response to such an event. In focusing attention on how we interpret events within a broader social context, sociologists have used symbolic interactionism to explain the effect of chronic illness on identity construction, arguing that we construct our sense of self (our identity) in conjunction with life events, social ideas and values, and interactions with others in society.



Questions for reflection

Identify contemporary health and/or risk behaviours that may be deemed deviant in our society. Have they always been viewed as deviant? How have ideas about these behaviours changed over time?

Understanding health, understanding knowledge

A number of theories originating in the sociology of knowledge seek to explain how knowledge construction is important in understanding contemporary health care issues. In addition to the ideas about the distribution and experience of illness, some theorists have examined how knowledge shapes our approaches to health and illness. They take as their starting point the idea that our knowledge is contingent upon the social, cultural and historical conditions that exist at any one time. Their theories are therefore focused on 'how we know what we know'. Taking the idea that reality is the product of social, cultural and political interactions, rather than existing independently of them, these theories therefore see medical knowledge and practice as the result of social relations, rather than existing independently in a neutral, objective and value-free scientific vacuum. One of these theories is social construction.

Developed by Berger and Luckmann (1971), the central tenet of social construction is that our knowledge and, in turn, our interpretation of meaning is a result of our social interactions with each other and our environment. This way of viewing the world is useful for critically analysing both our social meanings and the social structure that we may otherwise take for granted. While taking the stance that reality is socially constructed, this approach acknowledges that many illnesses and diseases are biological realities that do exist. As Lupton (2003: 14) points out, the social construction approach 'emphasizes that such experiences are always inevitably given meaning and therefore understood and experienced through cultural and social processes'. Often by highlighting contentious issues, the social construction approach to health and illness points out that health knowledge and power are not objective and value free, but are in fact the result of social ideas and values. For example, there are some areas of life where there are

high levels of medical intervention, but where the scientific knowledge informing such intervention is contentious. Examples include attention deficit hyperactivity disorder, menopause and even high blood pressure. Social constructionists are therefore critical of the way in which much of contemporary life has been 'medicalised'—that is, taking areas of our life that were previously not considered as sickness, and applying a medical label and a consequent intervention (often in the form of pharmaceutical drugs).

An extension of social construction can be seen in those theories that are 'post-structuralist'. Post-structuralist theories have continued the focus on critically examining health and medical knowledge. The work of the French thinker Michel Foucault (1926–84) has been particularly important in shaping our theories about health knowledge. By taking an historical approach, his work explores the ways that hospitals, clinics and doctors emerged as the key providers of health care. His work also informs contemporary debates in public health about the application of 'lifestyle' knowledge that requires us constantly to focus inwardly on our bodies in order to maintain our health.

Importantly, it is through Foucault's development of the idea of 'discourse' that we are able to think about knowledge and ideas in health as being interwoven with health care practice in a way that previous theorists did not. A discourse is a way in which we are able to speak, think and act about an issue. Some discourses are dominant—that is, they are the way we most often approach an issue. For example, a contemporary dominant discourse about cardiac disease is that it relates to lifestyle factors. When we consider the broader patterns of health and illness, we may conclude that heart disease is more about social class than simply lifestyle, but lifestyle is privileged in the way we currently think about heart disease.

Concepts such as medicalisation and discourse alert us to further concepts such as 'ideology' and 'power' that are important in understanding contemporary health and health care issues. The more 'normal' or 'natural' approaches to health problems and their solutions appear to be, the more likely it is that there is general acceptance of these approaches and less inclination to critically examine or question them. A social construction approach would ask questions such as, 'who has constructed this particular knowledge?', 'who stands to benefit from seeing the issue in this way?', and 'how might we think about this differently?'.

In summary, there are different theories in sociology, all of which can assist in explaining aspects of why people do what they do. Some theories are concerned with how social order is maintained in society (e.g. functionalism). Other theories focus on the extent to which access to power means that different groups are advantaged (e.g. conflict theories). Some theories focus on particular aspects of the social structure to try and explore how one's social location can affect life (e.g. feminist theories are concerned with the effect of gender). All of these theories focus their attention on the broader social factors that may affect people's lives.



Other theories in sociology help us to make sense of individual action, meaning and ideas (e.g. symbolic interactionism). Social construction approaches can be seen as a bridge between the broader 'macro-theories' of functionalism and conflict theories, and the 'micro-theories' of symbolic interactionism. By placing knowledge at the centre of this theoretical approach, we can explore both the broader social implications of an issue as well as the experience at the individual level.



Question for reflection

How can an understanding of the social theories outlined above assist Julia (and her classmates) in exploring contemporary health issues?

Our theoretical approach: social construction and critical analysis

While we will point out the contribution of the differing theoretical perspectives throughout the book, theories of social construction inform our approach. We argue that it is important for nurses to develop a critical awareness of the ways in which individuals are shaped by their social world, while at the same time shaping it through their actions. A critical social constructionist approach identifies the ways in which we can bridge the differences between theories that locate explanations in social structure and theories that focus on the individual. To fully understand the links between social structure and individual action we must also examine and analyse the impact of ideas about truth and power.

We argue that we can best analyse contemporary health issues by taking a 'critical approach'. This does not mean that we are using critical in the 'taken-for-granted' sense of criticising everything to do with health. Rather, being critical is about asking why, reflecting on our own social position and questioning the evidence with which we are presented. In trying to see things differently, we may also open up possibilities for change. We agree with Petersen (1994: 5) that when using a critical perspective 'the focus is on power relations between groups and between individuals and on the inequalities that arise from the exercise of power. It draws attention to the power of knowledge to define others and control them, and spells out what this means for health'.

Social constructionism requires that we take a critical perspective in order to consider the power relations that operate around health and illness. How we respond to variations in health status may depend on whether the differential experience is perceived as unfair or inequitable. 'Health inequity refers to those inequalities in health that are deemed to be unfair or stemming from some form

of injustice' (Kawachi et al., 2002: 647). Thus, 'health equity is about enabling people to have equitable access to services on the basis of need, it also is about the resources, capacities and power they need to act upon the circumstances of their lives that determine their health' (Keleher & Murphy, 2004: 5).



Question for reflection

Choose a contemporary health issue. What are the key questions you need to ask in taking a 'critical approach' to developing your understanding of the issue?

Using our framework to present a sociological approach for nursing students

This book is in four parts. Part 1 commences our sociological exploration of health and illness by examining ideas about health and illness. Using theory and evidence to understand health and illness, we move beyond a common sense approach or 'taken-for-granted ideas' and question where these ideas come from and who they benefit. For student nurses, this may require a shift in the way they have previously viewed illness issues and the type of health care in contemporary Australia. We start this process by examining what is, in fact, a recent historical approach to health care provision, that of biomedicine. This approach is so dominant that it may be difficult to question or consider alternative viewpoints. One important effect of the discourse of biomedicine is that we tend to locate illness as existing purely within individual motives and action. Sociologists have critiqued the way that this may result in seeing individuals as responsible for their own illnesses, or victim blaming, rather than locating illness issues in the context of broader social structures.

We then shift the focus to exploring other discourses about health that have always existed but that receive less attention than biomedicine. Lay and folk ideas about health can provide health care workers with important information about the people who are in their care. The way that ideas about health and illness are conveyed through the media is examined in the final chapter in Part 1.

In Part 2, we examine the social patterning of health and illness. A sociological approach considers the way that a person's social positioning may affect their life, and in particular, their health. Social structures relate to our position as members of a particular gender, social class, ethnic or indigenous group. Recognising health and illness as socially patterned requires us to question the common-sense

idea that illness is the result of 'fate' or simply 'bad luck'. A sociological analysis focuses attention on 'life chances' and the ways that people's health are affected through their membership of particular social groups. We consider the health experiences of a range of population groups by focusing on the issues of social marginalisation and exclusion. Sensitised to the issues of social patterning and to freedom of choice (the structure–agency debate), Julia should be able to weigh up just how much social circumstances can impact on issues of access, equity and equality in health care.

Part 3 focuses on the experience of illness. We start by questioning what it means to be healthy or ill, and, using the sociology of the body, examine how concepts such as 'risk' and 'lifestyle' and ideas about the 'normal healthy body' shape our understandings of health and illness. An important change in health care patterns is the increase in chronic illness. The onset, diagnosis and treatment of chronic illnesses are as much social experiences as medical phenomena. A sociological perspective incorporates both individual and social responses to chronic illnesses. Such a perspective is useful for health workers to understand the links between people's perceptions and their decisions in the face of chronic illness. Further, our experience of health care is likely to be shaped by prevailing trends in technological development. We explore the issues associated with the increased technological intervention in the definition, diagnosis and treatment of illness through case studies of genetics and pharmaceuticals.

Finally, in Part 4 we examine the complex array of organisations that make up contemporary health care. Any attempt to explore current health issues must take account of health care as a social institution. The provision of health care is also 'big business' and contemporary health care is expensive. The way that a society organises health care provision is indicative of the values that society holds about social and individual responsibility, prevention versus cure and, most importantly, the extent to which business interests are able to exert power over the constitution of disease and medical interventions. These issues are particularly important for nurses as they become key players in the provision of health care through moves towards professionalisation, as evidenced in tertiary education and in the changing roles of nurses.

CONCLUSION

Sociology offers an alternative theoretical lens, one that is reflective, critical and questioning, in order to reveal social factors influencing the causes, experiences and consequences of contemporary health and illness patterns. This is important for nurses working in a world of social change, and understanding about illness, not just task-based learning, is seen as a vital part of being a nurse in contemporary society. Nursing is more

than the technical skill that Julia's mother is envisioning, for which the key component in learning is to practice. Nursing curricula require that students get sufficient practice in caring for people in hospital wards and community-based settings, but because nursing courses are educating nurses for entry to a profession, they also require students to be critical and reflective in their understanding of the ideas about health and illnesses, the social forces that predispose population groups to particular risks and illnesses, and the wider context of the health system in which they will work. Thus, we concur with Porter (1997: 217) that 'sociological knowledge should be an intrinsic component of nursing knowledge ... [because] nursing involves the social interaction of human individuals'.

REVIEW QUESTIONS

- 1 How does applying the sociological imagination change the way in which you view contemporary health issues?
- 2 Choose one of the social theories listed in this chapter. How does it contribute to your understanding of health and illness?
- 3 What is meant when we argue that health and illness are 'socially constructed'? Use an example to illustrate your answer.

KEY TERMS

1 Theories

Conflict theory
Feminist
Functionalism
Post-structuralism
Social construction
Symbolic interaction

2 Concepts

Bureaucracy
Deviance
Discourse
Gender
Ideology
Inequality

Labelling
Life chances
Medicalisation
Medical dominance
Medical uncertainty
Power
Professions
Public issues and private troubles
Sick role
Social structure and agency
Sociological imagination
Social class
Stigma
Victim blaming

FURTHER READING

1 *Introductory texts on sociology*

- Van Krieken, R., Habibis, D., Smith, P., Hutchins, B., Haralambos, M. and Holborn, M. 2006, *Sociology: Themes and Perspectives*, Frenchs Forest, Pearson Education Australia.
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